COF	NOTICE: CORPORATION WILL E ON DR BEFORE 8/7/96: \$225 (IF DI PROFIT RPORATION UAL REPORT	SSOLVED, MINIMUM AMOUNT D FLORIDA DEPA Sandra	R AUGUST 7, 1996. DUE TO REINSTATE: \$375.) ARTMENT OF STATE B Mortham tary of State		
DOCU 1. Corporation	1996 MENT # J6317		CORPORATIONS		
SCOTA					
Principal Place MARY K. I 950 U.S. #1 VERO BEACH	BERUN	Mailing Address P.O. BOX 64-4259 VERO BEACH FL 32964 US	ı	Date Incorporated or Qualified	3a. Date of Last Report
· · · ·	Place of Business	2a. Mailing Address		03/23/1987 4. FEI Number	04/28/1995 Applied For
Suite, Apt	#, etc	26 Suite, Apt. #, etc. 27		59-2789261 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curr	Zip 29 ent Registered Agent	Country 30	This corporation has liability for in Florida Statutes Name and Address of New Regi	Yes No
514 VEI	RLIN, B. ADAM 4 BAY DRIVE RO BEACH FL 32963 to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obi	te of Fiorida. Such channe was a	83 84 City tes, the above-named corp	ess (P.O. Box Number is Not Acceptable oration submits this statement for the pury on's board of directors. I hereby accept the	FL 85 Zip Code
SIGNATURE	Signature typed or printed name of registered a	gent and life if applicable (NO	OFICIA Statutes. TE Registered Agent signature requir		DAIE
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERLIN, B. ADAM 514 BAY DR VERO BEACH FL	IND DIRECTORS DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY - ST-70P	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 (96) (86) (87) (87) (87) (87) (87) (87) (87) (87
TITLE NAME STREET ADDRESS DITY-ST-ZIP	V BERLIN, SCOTT R 514 BAY DRIVE VERO BEACH FL	DELETE	2 × TITLE 2 × NAME 2 × STREET ADDRESS 2 × CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERLIN, MARY K 514 BAY DRIVE VERO BEACH FL	L DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP		Change Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: S					